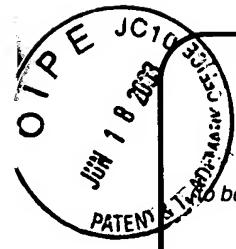


Please type a plus sign (+) inside this box → 

# TRANSMITTAL FORM

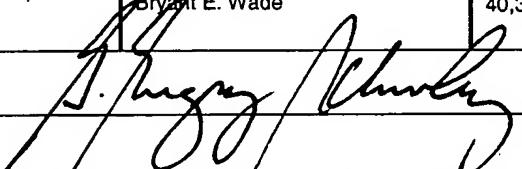
*To be used for all correspondence after initial filing)*

Total Number of Pages in This Submission

Application Number	10/032,287
Filing Date	12/21/2001
First Name & Initial	TSUYUKI et al
Group Art Unit	2871
Examiner Name	Di Grazio, Jeanne A.
Total Number of Pages in This Submission	Attorney Docket Number 9319S-000308

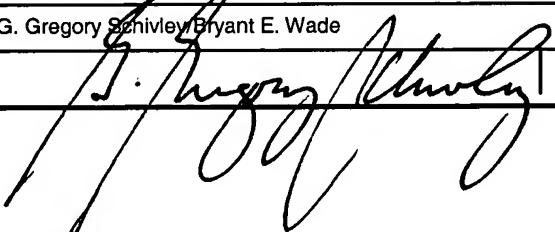
ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Return Postcard</b>	<b>JUN 20 2003</b> <b>TECHNOLOGY CENTER 2800</b> <b>RECEIVED</b>	
				<input type="checkbox"/> Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

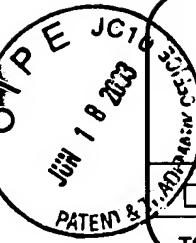
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name G. Gregory Schivley/ Bryant E. Wade	Reg. No. 27,382 40,344
Signature			
Date	June 16, 2003		

## CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.

Typed or printed name	G. Gregory Schivley/Bryant E. Wade		
Signature		Date	June 16, 2003

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# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1164)

## Complete If Known

Application Number	10/032,287
Filing Date	12/21/2001
First Named Inventor	TSUYUKI
Examiner Name	Di Grazio, Jeanne A.
Group / Art Unit	2871
Attorney Docket No.	9319S-000308

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money  Other  None  
Order
 Deposit Account:

Deposit Account Number 08-0750

Deposit Account Name Harness, Dickey &amp; Pierce, P.L.C.

## The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$ 0)			

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
38	-20 **	= 18	X 18 = 324
Independent Claims	13	-3 **	= 10 X 84 = 840
Multiple Dependent			X 0 = 0

## Large Entity Small Entity

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 1164)		

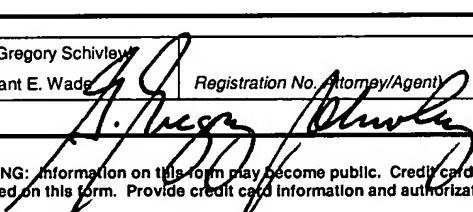
\*\*or number previously paid, if greater; For Reissues, see above

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 0)

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	G. Gregory Schivley Bryant E. Wade	Registration No. / Attorney/Agent	27,382/ 40,344	Telephone	(248) 641-1600
Signature				Date	June 16, 2003

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